

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<del>IND.</del>	<del>DEP.</del>					51						
2	<del>IND.</del>	<del>DEP.</del>					52						
3	<del>IND.</del>	<del>DEP.</del>					53						
4	<del>IND.</del>	<del>DEP.</del>					54						
5	<del>IND.</del>	<del>DEP.</del>					55						
6	<del>IND.</del>	<del>DEP.</del>					56						
7	<del>IND.</del>	<del>DEP.</del>					57						
8	<del>IND.</del>	<del>DEP.</del>					58						
9	<del>IND.</del>	<del>DEP.</del>					59						
10	IND.						60						
11	<del>IND.</del>	<del>DEP.</del>					61						
12	<del>IND.</del>	<del>DEP.</del>					62						
13		DEP.					63						
14		DEP.					64						
15		DEP.					65						
16		DEP.					66						
17		DEP.					67						
18		DEP.					68						
19		DEP.					69						
20	IND.						70						
21	IND.						71						
22							72						
23							73						
24							74						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	7						TOTAL DEP.						
TOTAL CLAIMS	10						TOTAL CLAIMS						